



## Fall 2018 Basketball Clinics

### Boys & Girls in grades 3-8

The Middlesex Recreation Department along with program coordinator Jared Goldstein is pleased to present basketball clinics to boys and girls in grades 3 through 8 whom reside in Middlesex. These sessions are intended to practice previously acquired skills and learn new ones. Team play will be emphasized & practice drills will be demonstrated. Learn the fundamentals of the game:

**OFFENSIVE DRILLS:** Dribbling • Passing • Shooting Instruction

**DEFENSIVE DRILLS:** On the ball • Off the ball help • Boxing out • Help and Recover • Rotation

Whether your child participates in one or ALL of the clinics the total fee is \$20.00. Each child **MUST** be registered through the recreation department before attending the clinic. Once registered, your child may attend any or all of the clinic dates listed below. The one-time fee of \$20 must be turned into the Middlesex Rec. Dept. only—coaches **CANNOT** take registration forms and/or money. **Only children on the roster will be allowed to participate.** Clinics will be offered at Middlesex High School Gym.

Clinics will be run by Breakaway Basketball Camp, LLC, owned and operated by Middlesex High School varsity basketball coach Jared Goldstein.

### **CLINICS ARE HELD ON WEDNESDAY'S** **IN THE GYM AT MIDDLESEX HIGH SCHOOL**

**September 19, 26**

**October 3, 10, 24**

**November 14**

- **Grades 3-5 from 6pm-7pm**
- **Grades 6-8 from 7pm-8pm**

Please fill out bottom portion and return it w/ payment to the Rec. Dept.

PLEASE PRINT CLEARLY IN PEN

BASKETBALL CLINIC FALL 2018

Name (participant) \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Email \_\_\_\_\_

Emerg. Contact (*other than parent(s)*)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ H / W / C

Medical conditions, allergies, etc. \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid.

DO NOT WRITE IN BOX - For Office Use Only

Receipt # \_\_\_\_\_

RCV'D \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_  
Date